

**2010 Iowa Medicaid – Birth Certificate –
Barriers to Prenatal Care Project Match Report**
Summary of Findings for Medicaid Reimbursed Births



Fact sheet purpose

The purpose of the fact sheet is to summarize the **Iowa Barriers to Prenatal Care Project's** survey results for women with Medicaid reimbursed births during 2010. This information will be used to guide decision makers in implementing programs that improve the health outcomes of the women and infants who rely on Medicaid coverage.

Background

The Iowa Barriers to Prenatal Care Project, commonly referred to as the Barriers survey, collects data to learn about women's experiences getting prenatal or delivery care during their current pregnancy, as well as information about maternal depressive symptoms, HIV testing during pregnancy, and plans for newborn care after hospital discharge such as plans to breastfeed and plans for infant sleep position. All women who deliver a live birth in Iowa are invited to complete a Barriers survey. They are invited to complete the survey shortly after they have delivered their newborn and before they have been discharged from the hospital. Through a contractual relationship with the Iowa Department of Public Health, the Iowa Barriers to Prenatal Care Project is carried out by the Center for Social and Behavioral Research at the University of Northern Iowa.

Data Sources

Data for this report were derived from three files: 1) the 2010 birth certificate, 2) Medicaid paid claims for calendar year 2010 and 3) the 2010 Barriers survey. We used paid claims for maternal diagnostic related groups (DRGs) 370 through 375 to determine Medicaid status. DRGs 370-375 are the reporting categories for vaginal and cesarean deliveries. The birth certificate was used for maternal demographic characteristics including age, race, ethnicity and level of education.

The Barriers survey was linked to the birth certificate-Medicaid file in order to explore Barriers survey responses by Medicaid recipients. Because we did not find

significant differences to the survey questions responses based on maternal Medicaid status, this report is limited to the responses of women with Medicaid reimbursed births. In 2010, approximately 44 percent of Barriers surveys were linked to the birth certificate-Medicaid file ($n=17,228$ surveys of 38,514 births). Of these linked files, approximately 39 percent ($n=6,729$) were based on the responses of women with Medicaid reimbursed births. Among Medicaid respondents we explored differences in responses by maternal age, race/ethnicity, and educational attainment. Statistically significant differences are included in this report.

Pregnancy Intention

Overall, sixty-five percent (65.9%; $n=6596$) of Barriers respondents reported that their pregnancy was unintended (Figure 1). The differences in intended compared to unintended pregnancy were not significant by maternal age or educational attainment.

In contrast, Hispanic women reported that their pregnancy was unintended at a significantly higher percentage than women of other races (Figure 2). Thirty-six percent of Hispanic women ($n=219$) reported that their pregnancy was unintended compared to thirty-four percent of non-Hispanic white women ($n=1,821$), thirty-one percent of non-Hispanic Black women ($n=164$), and twenty-six percent ($n=47$) of non-Hispanic women of other races.

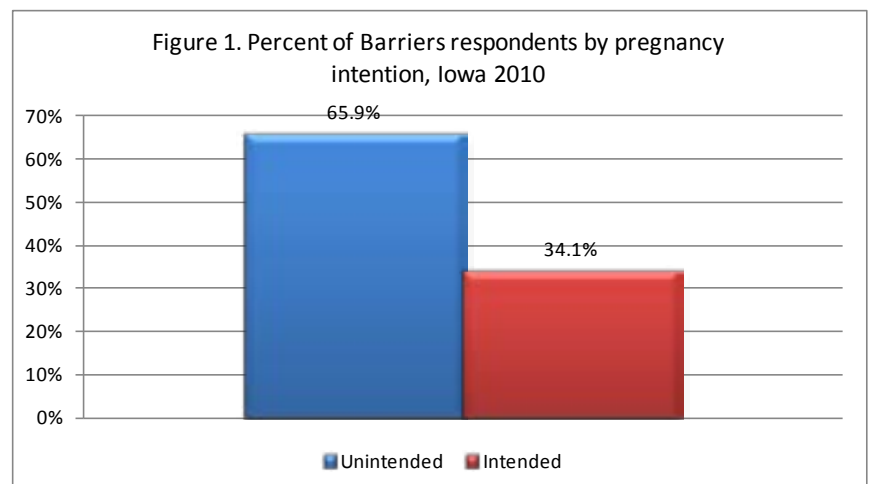
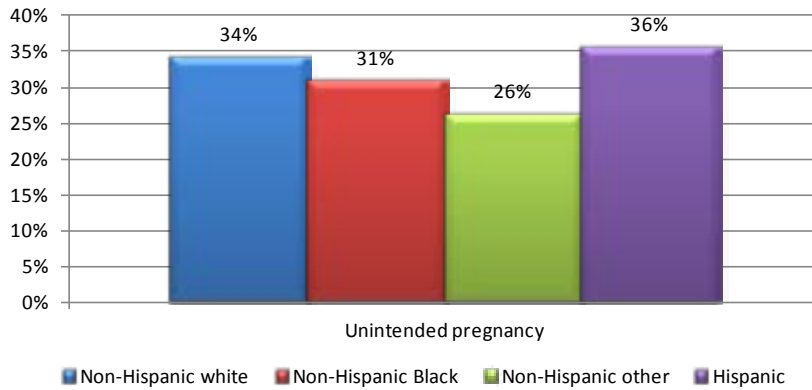


Figure 2. Percent of Barriers respondents who reported unintended pregnancies by race/ethnicity, Iowa 2010



Satisfaction with Hospital Care

Barriers respondents' satisfaction with hospital care did not differ by maternal age, race/ethnicity, or educational attainment. Overall, Barriers respondents reported a high level of satisfaction with the hospital care that they received (Figure 4). Ninety-four percent (94.6%; n=6,243) reported that they were very satisfied with the hospital care that they received and four percent (4.7%; n=307) reported that they were somewhat satisfied with the hospital care that they received. Less than one percent (0.8%; n=52) of respondents reported that they were somewhat or very dissatisfied with the hospital care that they received.

Satisfaction with Prenatal Care

Barriers respondents' satisfaction with prenatal care did not differ by maternal age, race/ethnicity, or educational attainment. Overall, Barriers respondents reported a high level of satisfaction with the prenatal care that they received (Figure 3). Ninety-two percent (92.6%; n=5841) reported that they were very satisfied with the prenatal care that they received and six percent (6.5%; n=410) reported that they were somewhat satisfied with the prenatal care that they received. Less than one percent (0.9%; n=58) of respondents reported that they were somewhat or very dissatisfied with the prenatal care that they received.

Figure 4. Percent of Barriers respondent by satisfaction with hospital care, Iowa 2010

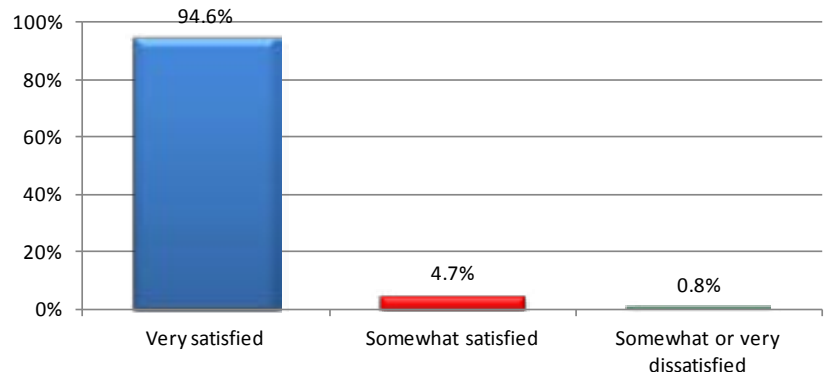
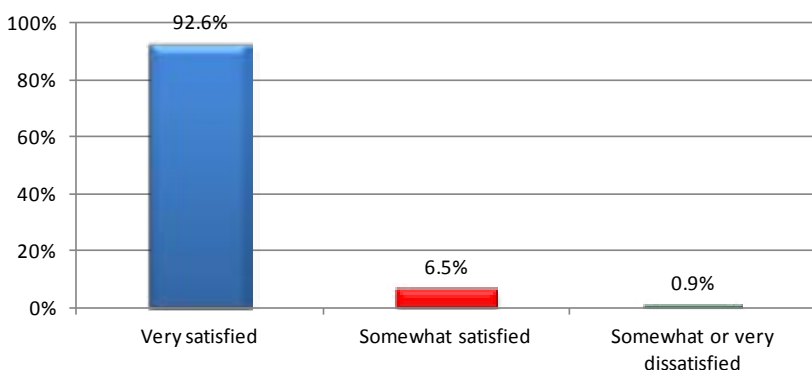


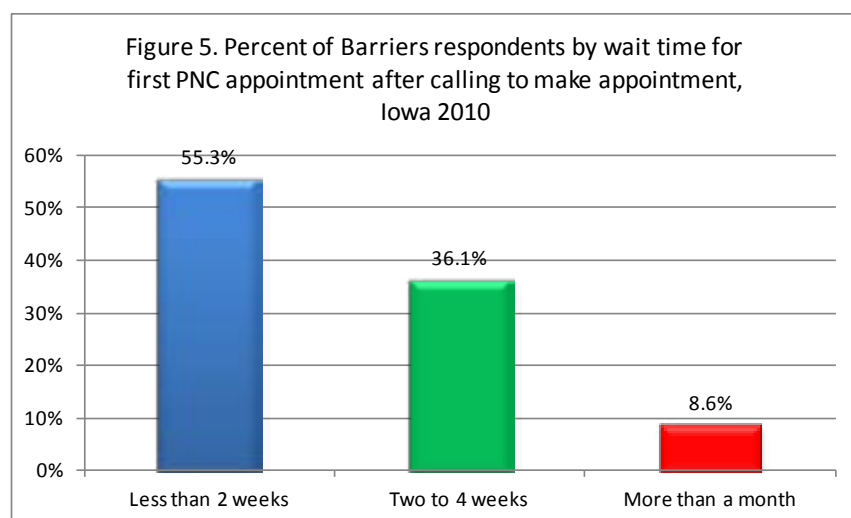
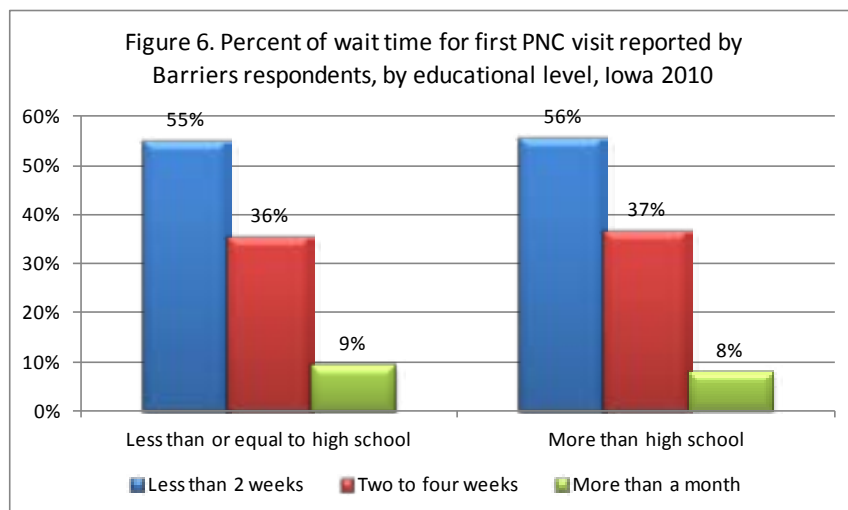
Figure 3. Percent of Barriers respondents by satisfaction with prenatal care, Iowa 2010



Wait Time for First Prenatal Care Appointment

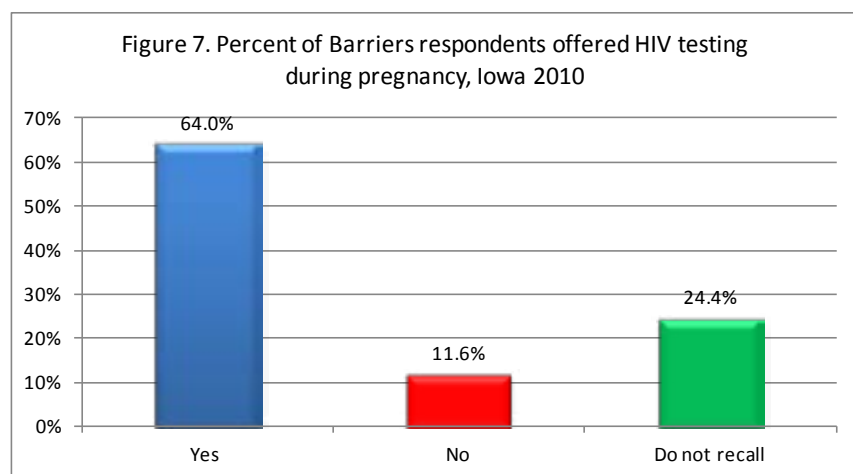
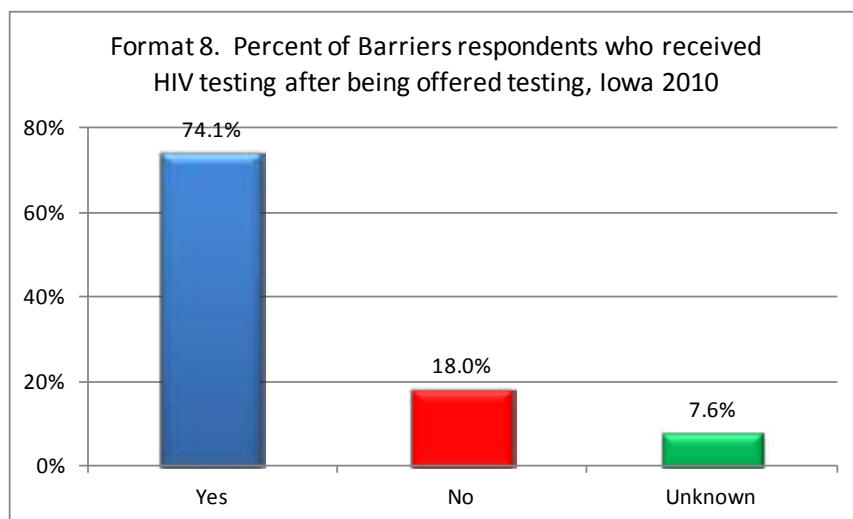
Overall, fifty-five percent (55.3%; n=3594) of Barriers respondents reported that they were able to obtain an appointment for their first prenatal care visit in less than two weeks after calling for the appointment (Figure 5). Thirty-six percent (36.1%; n=2,344) of respondents reported that they were able to obtain an appointment for their first prenatal care visit within two to four weeks after calling for the appointment. Eight percent (8.6%; n=561) reported that they needed to wait more than a month for their first prenatal care after calling for the appointment.

Barriers respondents' wait time for their first prenatal care appointment did not differ by maternal age or her race/ethnicity. However, respondents' wait time for their first prenatal care appointment, though small, was significantly greater for respondents with less educational attainment (Figure 6).



HIV Test During Pregnancy - Offered

Barriers respondents' who were offered HIV testing during pregnancy did not differ by maternal age, race/ethnicity, or educational attainment. Overall, sixty-four percent (n=4,197) of Barriers respondents reported that they were offered an HIV test during their pregnancy (Figure 7). Eleven percent (11.6%; n=763) reported that they were NOT offered an HIV test during their pregnancy and nearly one-quarter (24.4%; 1,600) of respondents reported that they did not know whether they were offered HIV testing.



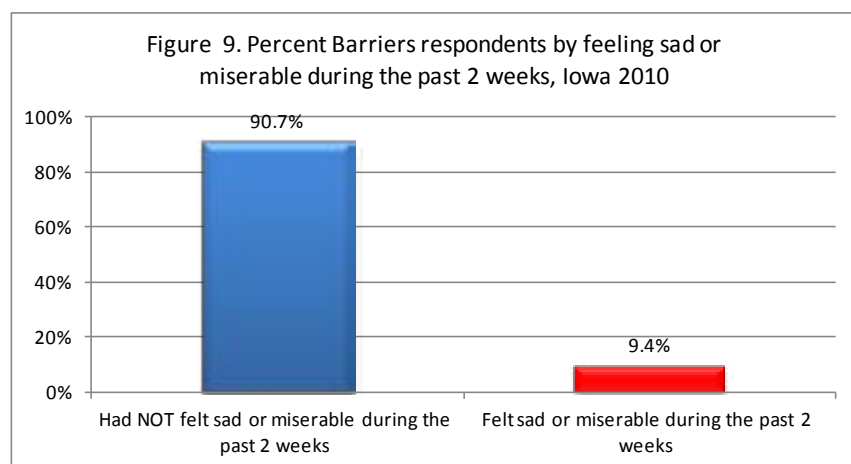
HIV Test During Pregnancy - Obtained After Offered

Barriers respondents' who obtained HIV testing after being offered testing during pregnancy did not differ by maternal age, race/ethnicity, or educational attainment. Overall, seventy-four percent (74.1%; n=3,100) of Barriers respondents reported that they obtained HIV testing after being offered testing (Figure 8). Eighteen percent (n=766) reported that did NOT obtain HIV testing after being offered testing and seven percent (7.6%; n=320) reported that they did not know if they obtained HIV testing after being offered HIV testing during pregnancy.



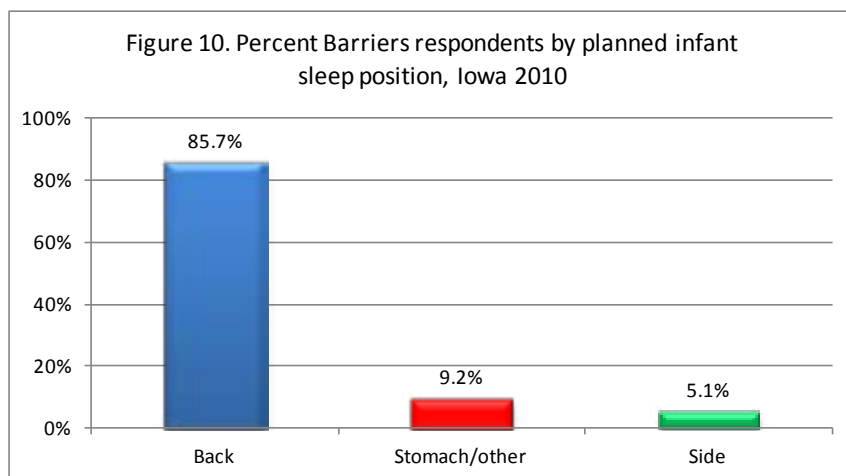
Reported Feeling Sad or Miserable During the Past Two Weeks

Barriers respondents' who reported that they had been feeling sad or miserable during the past two weeks did not differ by maternal age, race/ethnicity, or educational attainment. Overall, nine percent (9.1%; n=610) of Barriers respondents' reported that they had felt sad or miserable during the past two weeks (Figure 9). The great majority (90.7%; n=5,912) of Barriers respondents reported that they had NOT felt sad or miserable during the past two weeks.



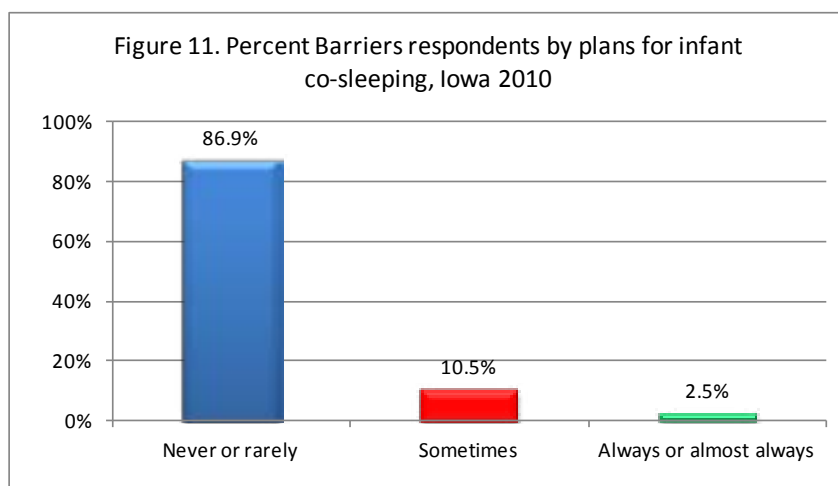
Plans for Infant Sleep Position

Barriers respondents' reported plans for their infants' sleep position did not differ by maternal age, race/ethnicity, or educational attainment. The majority (85.7%; n=5,633) of respondents reported that they planned to place their infant on its back for sleep (Figure 10). Nine percent of respondents (9.2%; n=604) reported that they planned to place their infant on its stomach or another position for sleep and five percent (5.1%; n=37) reported that they planned to place their infant on its side for sleep.



Plans for Infant Co-Sleeping

Barriers respondents' reported plans for co-sleeping with infants' did not differ by maternal age, race/ethnicity, and educational attainment. The majority (86.9%; n=5,724) of respondents reported that they would never or rarely co-sleep with their infant (Figure 11). Ten percent of respondents (2.5%; n=167) reported that they would sometimes co-sleep with their infant and two percent of respondents reported they would always or almost always co-sleep with their infant.



What is the Iowa Medicaid - Birth Certificate Match Project?

The Iowa Medicaid – Birth Certificate Match project is supported by an inter-departmental agreement between the Iowa Department of Human Services and the Iowa Department of Public Health/Bureau of Family Health and Bureau of Health Statistics. The purpose of this project is to monitor and describe the characteristics of pregnant Medicaid recipients, their receipt of pregnancy related services, and their birth outcomes relative to women whose deliveries are not reimbursed by Medicaid. The resulting information can be used to improve programs and policies to benefit Medicaid recipients.

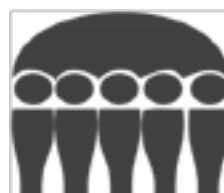
Additional Information

For additional information or to obtain copies of this fact sheet, write or call the Iowa Department of Public Health, Bureau of Family Health, at 321 E. 12th Street, Des Moines, IA 50309 or toll-free at 1-800-383-3826.

The Iowa Department of Public Health acknowledges the Maternal and Child Health Epidemiology Program, Applied Sciences Branch, Division of Reproductive Health, National Center for Chronic Disease Prevention and Public Health Promotion, Centers for Disease Control and Prevention for analytic support and preparation of this fact sheet. The IDPH also acknowledges the Center for Social and Behavioral Research at the University of Northern Iowa for the Barriers project administration and data collection.



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